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SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
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<b>RULE</b>				

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**\*\* CONTINUING DATA \*\*\*\*\***  
This application is a CIP of 10/281,457 10/25/2002 ABN which is a CON of 10/090,118 02/28/2002 ABN which is a CIP of 10/060,981 01/30/2002 ABN which claims benefit of 60/344,754 12/24/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
\*\* 10/20/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 2	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 9
Verified and Acknowledged Examiner's Signature: <i>Jehanne S. H.</i> Initials: <i>gp</i>					

**ADDRESS**  
23413

**TITLE**  
Optineurin and glaucoma

<b>FILING FEE RECEIVED</b> 915	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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